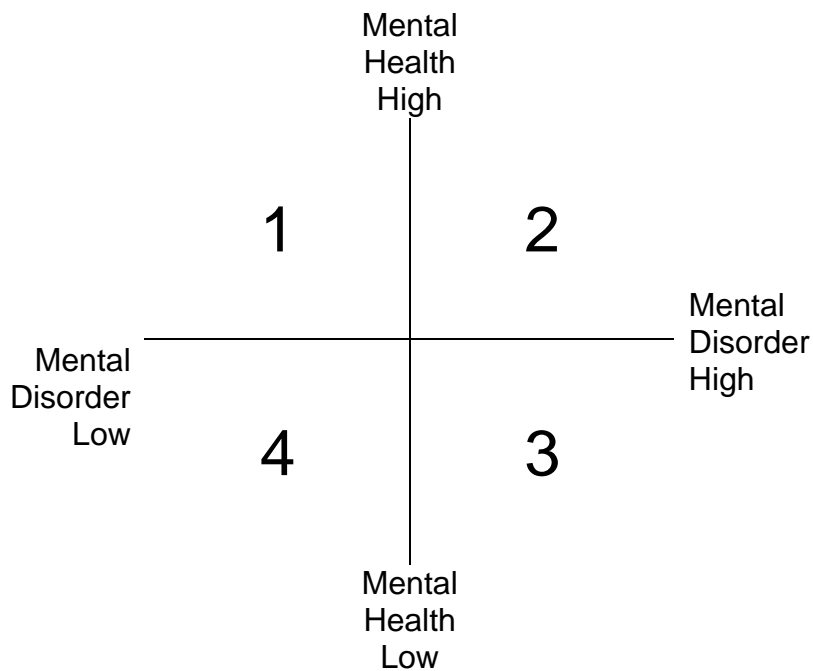


MENTAL HEALTH AND MENTAL DISORDER

In the community based Mental Health Sector there can sometimes be confusion around the correct terms to use. In a recent discussion on the use of the terms 'mental health' and 'mental disorder', General Manager of Sunflower Services at the Schizophrenia fellowship, Bill Gye, had a very interesting and enlightening explanation of the relationship between these two terms.

A distinction may be said to have some validity if it is found to be useful in practice. As the following diagram indicates, *mental health* may usefully be thought of as a separate dimension to *mental disorder*. In this way of thinking mental health may vary from person to person and within each person through time. On the other hand mental disorder may be thought of as a more stable condition that may vary but usually much more slowly.



Mental Health at its broadest level may be considered similar to the common sense notion of happiness. Its major markers are feeling OK and for me being able to think clearly and freely. Mental health is affected by many factors such as physical health and relative freedom from pain, or at least feeling that one can manage one's pain, a sense of control in one's life is important, friends, meaningful activity, for some a sense of achievement, for some a sense of security, etc..

Mental Disorder is usually premised on the notion that some underlying factors that affect our mental abilities and emotional stability are not functioning as well as they might. Of course some may wish to say that really what we have is only a difference and that in some situations those differences can become an asset – but I will leave that alone for the moment. Mental disorder as usually understood is the brain's equivalent of other physical disorders that affect other organs and systems of the body and which also may result in functional disability (e.g. type 1 diabetes, asthma, aortic stenosis, etc.). Given the complexity of the brain with 100 billion cells, it is probably the case that everyone suffers some degree of mental disorder – we're still waiting for the perfect brain.

As the diagram indicates, the relationship between **Mental Health** and **Mental Disorder** allows for all sorts of interesting combinations. For example, it allows someone with a significant mental disorder to have a relatively high level of mental health (Quadrant 1). Ditto it also allows someone with a relatively low level of mental disorder to have a low level of mental health (Quadrant 4).

We have more control over our mental health than we do our mental disorder. And while both dimensions are somewhat independent they both probably influence each other, so that by maintaining a relatively high level of mental health we may somewhat decrease the dysfunctional influence of our mental disorder. Indeed it may well be the case that the capacity for self-healing in relation to any mental disorder is better supported by maintaining a higher level of mental health.

This distinction somewhat confuses the labels we use for the industry we work in. Do I work in mental health? Do I assist people with mental illness? None of these really cover it. I guess I work with people with mental disorders to help them to improve their mental health which in turn may help them to better manage the effects of their mental disorders. That is I attempt to support and assist some people to spend less time in quadrant 3 and more time in quadrant 1.

Bill Gye

General Manager
Sunflower Services
Schizophrenia Fellowship of NSW